

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

V. S. No. 2

PLACE OF BIRTH

1. County of Maricopa  
District of Hallock  
Town of "  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 5192  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 32

2. Full name of child Gray Melom Brown  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed)

3. Sex of Child m To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Jan 20 - 26  
Month Day Year

8. FATHER  
Full name Robert W. Brown

9. Residence (Usual place of abode) Hallock Arizona  
If non-resident, give place and state.

10. Color or race W 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Matrisco Arizona  
(State or country)

13. Occupation Auto mail driver  
Nature of Industry

14. MOTHER  
Full maiden name Comfort Stude

15. Residence (Usual place of abode) Hallock Arizona  
If non-resident, give place and state.

16. Color or race W. 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Engel, Arizona  
(State or country)

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 p.m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature J. H. Hall  
Address Hallock, Arizona  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed 2/5, 1926 \_\_\_\_\_  
Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

375-122-325